

A no-cost service
provided by the office of
Nevada Secretary of State
Ross Miller



A partnership with the U.S. Living Will Registry®

PLEASE TYPE

Provider Access Application/Agreement

ABOVE SPACE
IS FOR OFFICE USE ONLY

Name of Organization:

Name/address of person to whom approval information should be sent:

Mailing Address City State Zip Code

Main Phone Number: Main Fax Number:
Area Code Number Area Code Number

A secure fax number is requested as back-up to receive documents if Internet connection is not functioning.

Secure Fax Number: Location of fax machine:
Area Code Number

Type of Organization Pursuant to NRS 629.031: (check one)

- ☐ Hospital ☐ Nursing Home ☐ Hospice ☐ Medical Practice
☐ Healthcare Provider ☐ Other (describe):

Applicable State of Nevada License # (i.e. licensing Board, not Tax ID):

Please provide an administrative contact. This person will manage your organization's access to and compliance with policies and procedures for the use of the Lockbox. Responsibilities include but are not limited to setting up/disabling user names and passwords for all personnel that will have access to the Lockbox (welcome letter with instructions will be emailed to this person); notification of policy and procedures changes; training personnel on use of the Lockbox.

Name of Administrative Contact:

Mailing Address City State Zip Code

Direct Phone Number: Email Address:
Area Code Number

of users: **A log of all users granted access to the lockbox by your organization must be maintained.**

All users covered under this applicant/agreement shall:

- Comply with all laws, regulations, policies and procedures pertaining to Lockbox access
- Access the Lockbox only for purposes related to decision making for health care treatment
- Safeguard the confidentiality of health care documents
- Protect user names and passwords
- Limit employee access and properly train employees on the use of the Lockbox
- Report unauthorized access or misuse of information
- Not sell, assign, transfer, or otherwise convey any rights or duties under this agreement

X _____ Phone Number:
Authorizing Signature Area Code Number

Name and Title of Person Signing Document Date

**MAIL OR FAX TO: Living Will Lockbox
c/o Nevada Secretary of State Ross Miller
101 North Carson Street, Suite 3
Carson City, Nevada 89701-4786
Phone (775) 684-5708
Fax (775) 684-7177**